

DIAL-A-LIFT APPLICATION—COVER LETTER

Dear Dial-A-Lift Applicant:

Thank you for inquiring about applying for The City of High Point's Dial-A-Lift transportation. Dial-A-Lift is the City of High Point Transit System's ride sharing program for eligible riders who are elderly and/or have a disability that prevents them from riding the fixed route bus.

Please read these enclosed materials carefully before completing the application.

- Hi tran fixed route bus (regular) services: All our buses are equipped with ramps for people who use wheelchairs or scooters. All our buses also have a "kneeling" feature that lowers the bus closer to the ground to help people who have difficulty climbing stairs or stepping up. There is priority seating behind the bus driver for people with disabilities and seniors. Stops are announced through the automated talking bus feature.
Elderly and disabled passengers may qualify for half fare on the regular bus service, Hi tran. If you are 60 years old or older (with proper ID), have a red/white/blue MEDICARE card or have a reduced fare card issued by Hi tran or from another transit system, you will automatically receive reduced fare by showing your ID to the driver when boarding the bus. If you are disabled, making it more difficult for you to ride the bus and would like to request a half-fare application, contact our office at 336-889-7433 or you may obtain the application from www.highpointnc.gov/hi-tran.
- Travel training: Hi tran offers assistance and training to those interested in learning how to ride the fixed route buses. This training is free. Please contact our office at 336-889-7433 if you would like to learn how to ride High Point's buses.

What You Should Know About This Program:

- Dial-A-Lift is only for those who live or travel within ¾ mile of a Hi tran bus route.
- The current price for Dial-A-Lift is \$2.00 for a one-way trip. Fares may be paid with exact cash, or Dial-A-Lift tickets. Fares are collected by the driver and must be paid prior to riding the van. Dial-A-Lift drivers do not make change.
- Passengers who use wheelchairs or scooters must have a ramp if there are stairs present. Drivers will not "bump" passengers up/down stairs or in/out of houses.

Eligibility:

- Individuals who can access Hi tran's regular fixed route bus service may not be eligible for Dial-A-Lift service. Individuals applying for this service must be unable to access the fixed route services due to conditions which prevent them from getting to/from a Hi tran fixed route bus stop and/or conditions which prevent them from being able to get on, ride, or get off an ADA accessible, ramp-equipped, kneeling vehicle.
- Simply having a disability does not guarantee eligibility.
- An individual for whom performing these tasks is inconvenient or uncomfortable is not a definition for needing this service.

There are three (3) types of certification granted to eligible Dial-A-Lift clients:

- **Unconditional Certification**—the individual has a disability or health condition that always prevents the use of Hi tran’s fixed route buses and Dial-A-Lift service is provided for all trips.
- **Conditional Certification**—the individual can use or learn to use Hi tran’s fixed route buses but their disability or health condition prevents some travel on the bus. Dial-A-Lift may be provided on trips where the individual is unable to take the bus.
- **Temporary Certification**—the individual has a specific short-term disability or health condition that prevents them from using Hi tran’s fixed route buses.

Eligibility for High Point Transit System Paratransit services (Dial-A-Lift) is granted for a period not to exceed three (3) years, regardless of the permanence or temporary nature of the functional limitations.

To enable us to accurately determine your eligibility for this service, **please complete the enclosed application as completely and accurately as possible.** The application has two parts and both must be completed and turned into the Dial-A-Lift office. Incomplete applications will be returned to the applicant. The questions are meant to determine the circumstances under which you can use fixed route or Paratransit (Dial-A-Lift) services. Upon request, this letter and application are available in large print, and other alternative formats.

Part “A” should be filled out by the applicant or the applicant’s representative. This should be completely filled out and signed by the applicant or if the applicant is less than 18 years of age or unable to sign, the applicant’s guardian or anyone who assisted in completing the form.

Part “B” is the Professional Verification Form. The applicant should complete the authorization for release of information form and then send the release form and Part B to a health care professional familiar with the applicant’s disability. Health care professionals include, but are not limited to, the following professionals:

Family Physician	Independent Specialist	Orientation & Mobility Therapist
Physical Therapist	Rehabilitation Specialist	Psychiatrist
Occupational Therapist	Licensed Social Worker	Psychologist
Registered Nurse	Case Manager	Ophthalmologist

The selected professional must complete Part “B” and return the entire application either directly to the applicant or to the Dial-A-Lift office.

The completed application will be processed within 21 days of receipt. You will then be notified in writing of your eligibility status. If we determine that you are able to use Hi tran fixed route bus service, and are therefore ineligible for Dial-A-Lift, we will notify you of the reason(s) for this determination. You may appeal this decision in writing. Appeals will be accepted within 60 days from the date on the eligibility determination letter.

This application should only be completed if you have a disability or health condition that prevents you from sometimes or always using fixed route bus service. Individuals for whom performing these tasks is inconvenient or uncomfortable are **NOT ELIGIBLE** for services. Persons completing this application will be considered for Dial-A-Lift. Information about disability or health condition will be kept strictly confidential.

--- PLEASE PRINT LEGIBLY---

Part A (This part must be completed by all applicants)

First Name _____ Middle Initial _____

Last Name _____

Street Address _____ Apt # _____

City _____ State _____ Zip _____

Mailing Address (if different) _____

City _____ State _____ Zip _____

Phone (home) _____ (cell) _____

Date of Birth (month/day/year) _____ Gender (M/F) _____

Height: _____ Weight: _____

In case of emergency: Please provide pertinent information for two people Dial-A-Lift can contact. This can be a friend, relative or support professional familiar with your disability.

Name _____ Relationship _____

Address _____ Apt _____

City: _____ State: _____ Zip: _____

Work Phone# _____ Home Phone # _____

Cell Phone: _____

Name _____ Relationship _____

Address _____ Apt _____

City: _____ State: _____ Zip: _____

Work Phone# _____ Home Phone # _____

Cell Phone# _____

1. Have you used the Hi tran fixed route bus system? _____ No _____ Yes

2. What is the disability or health condition that prevents you from using Hi tran fixed route buses?

3. Please describe why or how this disability or health condition prevents you from using Hi tran's fixed route service?

4. Do you use any of the following mobility aids? (check all that apply)

☐ Manual wheelchair ☐ Powered Wheelchair ☐ Powered Scooter

Wheelchair size _____(L) _____(W) Wheelchair weight _____lbs

☐ Cane ☐ Walker ☐ Crutches ☐ Braces

☐ Oxygen ☐ White Cane

☐ Service Animal (describe) _____

☐ Other (describe) _____

☐ No, I do not use any mobility aids

IMPORTANT NOTE

Dial-A-Lift will not be able to transport you if your wheelchair/scooter is longer than 48 in., wider than 30 in., or if your total weight including wheelchair is more than 800 pounds.

5. If you use a wheelchair or scooter, is your home equipped with a wheelchair ramp?

☐ Yes ☐ No

IMPORTANT NOTE

Passengers who use wheelchairs/scooters must have a ramp if steps are present. Driver's will not "bump" passengers up/down stairs or in/out of houses.

6. Do you require a Personal Care Assistant (PCA) to travel with you?

☐ No ☐ Yes, Sometimes ☐ Yes, Always

IMPORTANT NOTE

If a PCA is needed, the applicant must provide their own. Passengers are allowed one (1) PCA to ride free of charge. Dial-A-Lift does not provide this service. Drivers will only go to the door when picking up or dropping off passengers.

7. How far can you walk by yourself or with the assistance of a mobility aid?

☐ I can travel 1 block

☐ I can travel 4 blocks

☐ I can travel 2 blocks

☐ I can travel 5 blocks

☐ I can travel 3 blocks

☐ I can travel 6 blocks or more

8. Are any of the following skills affected by your disability? If YES, please explain, describing the effect and the extent of limitation caused by the disability.

Are you able to:

a) Cross a street with: ☐ 2-3 lanes ☐ 4-6 lanes ☐ I cannot cross

Comments: _____

b) Step on/off curbs ☐ Always ☐ Sometimes ☐ Never ☐ Not Sure

Comments: _____

c) Stand on a moving bus holding onto a handrail? ☐ Always ☐ Sometimes ☐ Never ☐ Not sure

Comments: _____

d) Find way to/from bus stop ☐ Always ☐ Sometimes ☐ Never ☐ Not sure

Comments: _____

e) Find my own way to the bus stop if I receive training?

☐ Always ☐ Sometimes ☐ Never ☐ Not sure

Comments: _____

f) Travel alone outside the house ☐ Always ☐ Sometimes ☐ Never ☐ Not sure

Comments: _____

g) Leave the house on time ☐ Always ☐ Sometimes ☐ Never ☐ Not sure

Comments: _____

h) Seek and act on directions ☐ Always ☐ Sometimes ☐ Never ☐ Not sure

Comments: _____

i) Wait at a bus stop ☐ Always ☐ Sometimes ☐ Never ☐ Not sure

Comments: _____

j) Board the correct bus ☐ Always ☐ Sometimes ☐ Never ☐ Not sure

Comments: _____

k) Board a bus with a ramp ☐ Always ☐ Sometimes ☐ Never ☐ Not sure

Comments: _____

l) Transfer from one bus to another? ☐ Always ☐ Sometimes ☐ Never ☐ Not sure

Comments: _____

m) Ride on the bus ☐ Always ☐ Sometimes ☐ Never ☐ Not sure

Comments: _____

n) Exit at the correct destination ☐ Always ☐ Sometimes ☐ Never ☐ Not sure

Comments: _____

o) Transfer to a second bus ☐ Always ☐ Sometimes ☐ Never ☐ Not sure

Comments: _____

p) Tell/Monitor time ☐ Always ☐ Sometimes ☐ Never ☐ Not sure

Comments: _____

q) Negotiate hills/steep terrain ☐ Always ☐ Sometimes ☐ Never ☐ Not sure

Comments: _____

r) Deal with unexpected situations ☐ Always ☐ Sometimes ☐ Never ☐ Not sure

Comments: _____

9. If Hi tran offered free training on how to ride the fixed route buses, would you be interested?

☐ Yes ☐ No (Please explain) _____

I understand that the purpose of the application is to determine if I am eligible for High Point Transit System's paratransit service, called Dial-A-Lift. I certify that the information I gave in this application is true and correct and that the application will be returned to me if not complete, which delays processing. I understand that falsification or misrepresentation of facts, or changes in my medical condition, may result in changes to my certification status. I further understand that additional information from my healthcare professional related to my disability or medical condition is required, and will be used to help determine my eligibility. I agree to notify High Point Transit System if I no longer need to use Dial-A-Lift Paratransit services.

Signature of Applicant: _____ **Date:** _____

(Applicants must be 18 years of age to sign independently. Otherwise, the signature of a guardian is required.)

Applicant's Representative

If someone other than the applicant has completed this application, the following information must be provided:

Name: _____

Daytime Telephone Number: _____

Relationship to Applicant: _____ Date: _____

Authorization for Release of Information

I authorize the professional who has completed Part B of this application to release to High Point Transit System information about my disability or health condition and its effect on my ability to travel on the High Point Transit System (Hi tran) bus service. I understand that I may revoke this authorization at any time.

I, the applicant, understand that the purpose of this application is to determine my eligibility to use the paratransit services (Dial-A-Lift). I agree to release the information requested to High Point Transit System, and any eligibility review panel, and understand that the information contained herein will be treated confidentially, unless otherwise required by law. I understand further that High Point Transit System reserves the right to request additional information at its discretion. I agree to notify High Point Transit System of any changes in the status of my disability that affects my ability to use the Dial-A-Lift Paratransit service. I also understand that this may affect my eligibility as a rider.

Applicant's Name _____

Date of Birth _____

Applicant's Address _____

City _____ State _____ Zip _____

Applicant's Telephone Number _____

_____ Date _____

(Signature of Applicant or Responsible Party)

<p>Dial-A-Lift Eligibility Application—Part B</p> <p>Professional Verification</p>
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Dear Healthcare Professional:

You are being asked by the applicant named in Part A of this application to provide information regarding his/her ability to use the public transportation services of the City of High Point (Hi tran). Hi Tran provides paratransit services through Dial-A-Lift to eligible persons with disabilities who cannot use regular fixed route bus services. The information you provide will allow us to evaluate the request and determine the individual's specific needs. Thank you for your cooperation in this matter.

PLEASE NOTE: Hi tran fixed route bus services available within the city are currently accessible to persons with disabilities who need lift-equipped vehicles, vehicles which kneel to the curb, and/or announcement of bus stops. Stops and terminal transfer point are verbally announced by automated system. There is free how to ride the bus training available for individuals who need it.

The individual applying for Dial-A-Lift service **MUST BE UNABLE TO ACCESS THESE SERVICES** due to:

- ☐ Conditions which prevent them from getting to or from a Hi tran fixed route bus stop, or transferring between vehicles **and/or**
- ☐ Conditions which prevent them from being able to get on, ride, or get off an ADA accessible vehicle.

Individuals for whom performing these tasks is inconvenient or uncomfortable are **NOT ELIGIBLE** for services, and you are asked to verify this information.

(PLEASE WRITE LEGIBLY)

Name of Client: _____

1. Capacity in which you know the applicant: _____

2. When was the applicant last treated or seen by you? _____
3. On average, how frequently is the applicant seen by you? _____
4. Has the applicant been diagnosed with physical, cognitive, psychological, or other disability that would prevent him or her from using High Point Transit fixed route bus service?
☐ No
☐ Yes
5. Is the applicant's disability:
☐ Physical ☐ Cognitive ☐ Psychological ☐ Visual
6. What is the applicant's disability (Please be specific but use layman's terms)?

7. What is the date of onset? _____

8. How does the applicant's disability/health condition affect daily life activities?

9. Does the applicant's disability or condition prevent the use of regular fixed route bus service?

☐ No ☐ Sometimes ☐ Yes

If Sometimes or Yes, please explain why:

10. Could the applicant use regular fixed route buses with free how to ride the bus training?

☐ Yes ☐ Sometimes ☐ No

11. How far can the applicant walk/travel by themselves or with the assistance of a mobility aid?

<input type="checkbox"/> Can travel 1 block	<input type="checkbox"/> Can travel 4 blocks
<input type="checkbox"/> Can travel 2 blocks	<input type="checkbox"/> Can travel 5 blocks
<input type="checkbox"/> Can travel 3 blocks	<input type="checkbox"/> Can travel 6 blocks or more

12. Are any of the following skills affected by the applicant's disability? If SOMETIMES OR NEVER, please explain, describing the effect and the extent of limitation caused by the disability.

Is the applicant able to:

a) Travel alone outside the house ☐ Always ☐ Sometimes ☐ Never ☐ Not sure

Comments: _____

b) Leave the house on time ☐ Always ☐ Sometimes ☐ Never ☐ Not sure

Comments: _____

c) Seek and act on directions ☐ Always ☐ Sometimes ☐ Never ☐ Not sure

Comments: _____

d) Understand how to get to/from bus stop ☐ Always ☐ Sometimes ☐ Never ☐ Not sure

Comments: _____

e) Step on/off curbs ☐ Always ☐ Sometimes ☐ Never ☐ Not sure

Comments: _____

f) Negotiate hills/steep terrain ☐ Always ☐ Sometimes ☐ Never ☐ Not sure

Comments: _____

g) Cross streets ☐ Always ☐ Sometimes ☐ Never ☐ Not sure

Comments: _____

h) Wait at a bus stop ☐ Always ☐ Sometimes ☐ Never ☐ Not sure

Comments: _____

i) Board the correct bus ☐ Always ☐ Sometimes ☐ Never ☐ Not sure

Comments: _____

j) Board a bus with ramp ☐ Always ☐ Sometimes ☐ Never ☐ Not sure

Comments: _____

k) Ride on the bus ☐ Always ☐ Sometimes ☐ Never ☐ Not sure

Comments: _____

l) Stand on moving bus with handrail ☐ Always ☐ Sometimes ☐ Never ☐ Not sure

Comments: _____

m) Exit at the correct destination ☐ Always ☐ Sometimes ☐ Never ☐ Not sure

Comments: _____

n) Transfer from one bus to another ☐ Always ☐ Sometimes ☐ Never ☐ Not sure

Comments: _____

o) Tell/Monitor time ☐ Always ☐ Sometimes ☐ Never ☐ Not sure

Comments: _____

p) Deal with unexpected situations ☐ Always ☐ Sometimes ☐ Never ☐ Not sure

Comments: _____

13. What is the expected duration of this individual's condition?

☐ Temporary: Approximate expected duration until ____/____/____

☐ Long-term: Potential for improvement or periods of remission

☐ Permanent: No expectation of functional improvement

14. Please choose the statement below which best represents your opinion regarding this individual's use of public transportation:

☐ This individual should be able to access public transportation successfully.

☐ This individual can use public transportation under certain situations as stated above.

☐ This individual cannot use public transportation due to multiple functional limitations.

Thank you for your assistance!!

Signature: _____

Date: _____

Please Print Legibly

Printed Name _____

Organization / Practice: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone # _____

Fax # _____

FOR DIAL-A-LIFT USE ONLY

APPROVED ☐

DENIED ☐

UNCONDITIONAL ☐

CONDITIONAL ☐

TEMPORARY ☐

ISSUED BY _____ TITLE _____

DATE _____

FILE NUMBER _____